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PATENT APPLICATION  
Attorney's Do. No. 8371-98

09/29/00  
U.S. PTO  
09/29/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DATE OF DEPOSIT: SEPTEMBER 29, 2000

I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

Ehren Rhee  
(SENDER'S PRINTED NAME)

LJd  
(SIGNATURE)

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor [or Application Identifier]: Louis Joseph Kerofsky  
For: VIDEO CONTRAST ENHANCEMENT THROUGH PARTIAL HISTOGRAM EQUALIZATION

[If continuing application] This application is a  continuation,  divisional,  continuation-in-part of prior application Serial No. \_\_\_\_\_, filed \_\_\_\_\_.

Enclosures:

- Specification (pages 1-17); claims (pages 18-24); abstract (page 25)
- 11 sheet(s) of drawings
- Declaration or Combined Declaration and Power of Attorney
  - Newly executed (original or copy)
  - Copy from a prior application (37 CFR 1.63(d))
  - Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)

- Power of Attorney  
 Assignment with cover sheet  
 Certified copy of priority document:  
 Information Disclosure Statement with Form PTO 1449  
 Copies of references listed on attached Form PTO-1449  
 Preliminary Amendment  
 Change of Address  
 Return Postcard

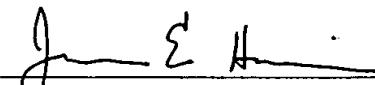
<u>CLAIMS AS FILED</u>				
For	Number Filed	Number Extra	Rate	Basic Fee \$690.00
Total Claims	35-20	15	x \$ 18 =	270.00
Independent Claims	4-3	1	x \$ 78 =	78.00
Multiple Dependent Claim Fee			x \$260 =	0.00
<b>TOTAL FILING FEE</b>				<b>\$1,038</b>

- Cancel in this divisional application original claims \_\_\_\_\_ of the prior application Serial No. \_\_\_\_\_ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
- A check in the amount of \$1,078 to cover  filing fee and  assignment recordal fee (\$40) is enclosed.
- Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.

  
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